# STATE OF MARYLAND—CERTIFICATE OF DEATH

08340

**1. PLACE OF DEATH**

County Worcester Registration Dist. No. 351

Village or City Near Snow Hill, R.F.D.#1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Charles Blake Jr. If U. S. Veteran, specify WAR No

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 2 2 - 1928

7. AGE: Years 10 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Blake

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Blake (Address) Snow Hill Md R.F.D.#1

18. BURIAL, CREMATION, OR REMOVAL

Place M. Weasley Date Aug 9, 1939

19. UNDERTAKER Hearne & Dennis (Address) Snow Hill Md

20. FILED 8/9/1939 LeRoy Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** August (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1939, to Aug 7, 1939

I last saw him alive on Aug 6, 1939; death is said to have occurred on the date stated above, at 2:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic sore throat | 3 days ago |
| Acute tonsilitis | 3 days ago |
| Septicemia | 3 days ago |

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Sherwood Ferris M. D.

(Address) Snow Hill

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08341

**1. PLACE OF DEATH** (131)

County Worcester (WITHIN CORPORATE LIMITS OF) Registration Dist. No. 351

Village or City Snow Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Eleanora D. Bratten If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Bratten

6. DATE OF BIRTH (month, day, and year) Feb. 7 - 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug. 1939

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Virginia

FATHER

13. NAME Joshua B. Dryden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nancy Richardson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. Wm. E. Bratten Jr. Snow Hill Md

18. BURIAL, CREMATION, OR REMOVAL. Place Presbyterian Date Aug. 23, 1939

19. UNDERTAKER (Address) Hearne + Degennaro Snow Hill Md

20. FILED 8/22, 1939 LeRoy Smith, Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** August 20 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 1937, to August 20, 1939

I last saw her alive on August 20, 1939; death is said to have occurred on the date stated above, at 6 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | — |
| Arterio-sclerosis | 2 years ago |
| Chronic interstitial nephritis | " " " |

Other **Contributory Causes** of importance:

Neme of operetion — Date of —

What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No.

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did Injury occur? — (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceesed? No.

If so, specify ...

(Signed) M. Sherwood Ferris M. D.

(Address) Snow Hill, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08342

92-a

**1. PLACE OF DEATH**

County Worcester Registration Dist. No. 17-4

Village or City Stockton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Annie C. Bromley If U. S. Veteran, specify WAR. No

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Bromley

6. DATE OF BIRTH (month, day, and year) June 28-1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1939 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert H. Colona

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie B Payton

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT C. P. Colona (Address) Stockton Md

18. BURIAL, CREMATION, OR REMOVAL Place M. P. Cem Date Aug. 25, 1939

19. UNDERTAKER Yearne & Degman (Address) Snow Hill Md

20. FILED Aug 24, 1939 Mary M. Layfield Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** August (Month) 23 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939, to Aug. 22, 1939

I last saw her alive on Aug 22, 1939; death is said to have occurred on the date stated above, at 4:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Disease of Heart | 6 mos. |
| Other Contributory Causes of Importance: | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) John D. Dickerson, M. D.

(Address) Stockton, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

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V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94b)

08343

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Pocomoke City Md
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Worcester,
City or town Pocomoke City, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sixth Street,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World war.

**3. (a) FULL NAME** Wm Elder Craigmile

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Hilda Hall Craigmile
6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Oct 18 1896

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 10 | 1 | hrs. min. |

9. Birthplace Wallingford Pa
(Town, county, and state)
10. Usual occupation Insurance business
11. Industry or business
FATHER 12. Name Wm E Craigmile
13. Birthplace Ireland
MOTHER 14. Maiden name Mary Elder
15. Birthplace Ireland
16. Informant Mrs. Wm. E. Craigmile
Address Pocomoke City, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 20 1939 (month) (day) (year)
Cemetery or crematory Greenwood Cemetery
Location Near Pocomoke City
18. Funeral director J. D. Johnson Inc
Address Parksley Va
19. Aug 19 1939 (Date rec'd by registrar) Anne E. White Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 17th, 1939, at 4' 15"
I CERTIFY that death occurred on the date above stated; that I attended deceased from P. M August 11th, 1939, to August 17 1939,
and that I last saw him alive on August 11th, 1939.

| | DURATION |
|---|---|
| Immediate cause of death Cardiac collapse. | Few minutes |
| Due to Coronary thrombosis. | 7 Days |
| Due to Coronary sclerosis | (?) |
| Other conditions Some thickening of the peripheral arteries. (Include pregnancy within 8 months of death) | (?) |

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. Lee Hall M. D. or Other
Address Pocomoke City, Md. Date signed 8/19/39

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

08344

**1. PLACE OF DEATH**

County Worcester Registration Dist. No. 351

Village or City near Snow Hill R.F.D.#2 No. ..... St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Sarah E. Dale If U. S. Veteran, specify WAR no

(a) Residence: No. ..... St., ..... Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 25 - 1919

7. AGE: Years 19 | Months 10 | Days 6 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John W. Dale

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Secnora Harmon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) John W. Dale Snow Hill Md R.F.D.#2

18. BURIAL, CREMATION, OR REMOVAL Place Snow Hill Date Sept. 3, 1939

19. UNDERTAKER (Address) Hearne + Dennis Snow Hill Md

20. FILED 8/31, 1939 LeRoy Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** August (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1939, to Aug 31, 1939

I last saw her alive on ....., 19....; death is said to have occurred on the date stated above, at 2.40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | unknown |

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John L. Riley Deptty Med Exp M. D.

(Address) Snow Hill Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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SEP 4 1939
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 3N-5

183

08345

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Worcester

(b) City or town Ocean City, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 10 yrs in Salisbury Md.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. Camden Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Wm E. Daily.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Irma Daily

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 2- 1875

8. **AGE:** Years 63 | Months 10 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Wisconsin Mt. (Town, county and state)

10. Usual occupation Broker

11. Industry or business Stocks & Bonds

FATHER

12. Name Theodore Daily

13. Birthplace Chicago Ill.

MOTHER

14. Maiden Name Amelia Hanna

15. Birthplace Milwaukee Wisconsin

16 (a) Informant Mrs Irma Daily

(b) Address Camden ave Salisbury Md

17 (a) Cremation (Burial, cremation, removal) (b) Date thereof Aug. 13-1939 (month) (day) (year)

(c) Cemetery or crematory Fels Crematory

Location Washington D.C. Walter K Wallace

18 (a) Funeral director Wolfe & Bryant E.

(b) Address Salisbury Md.

19 (a) 8-12-39 (Date rec'd by registrar) (b) _____ Registrar

### MEDICAL CERTIFICATION

20. Date of death Aug 9 1939, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death Drowning accidental — Duration _____

Due to _____ — Duration _____

Due to _____ — Duration _____

Other conditions _____ — Duration _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy Drowning

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? Ocean City Worc Co Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? No (Specify type of place)

By means of injury _____

23. Signature John L. Levy M.D. (Informant or other) M.D.

Address Howard J. Maddux Date signed 8-12-39

Medical Examiner

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

08346

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH**

County Worcester Registration Dist. No. 350

Village or City Pocomoke R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** John Aron ~~Fisher~~ Fisher

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | C | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dorotha Brown Fisher

6. DATE OF BIRTH (month, day, and year) Not known

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ----------

10. Date deceased last worked at this occupation (month and year) Not Known

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worcester Co,
(State or country)

FATHER

13. NAME John A.Fisher

14. BIRTHPLACE (city or town) Worcester Co.
(State or country)

MOTHER

15. MAIDEN NAME Annie Long

16. BIRTHPLACE (city or town) Worcester,Co,
(State or country)

17. INFORMANT J.A.Fisher
(Address) Pocomoke R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Wardtown Date Aug.21 1939

19. UNDERTAKER H. A. & Fields.
(Address) Hunt Church Va

20. FILED Aug 21, 1939 Anne E. White
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Aug 20, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1939, to Aug 20, 1939

I last saw him alive on Aug 19 1939; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | Aug 1 |

Other Contributory Causes of importance:

Name of operation Date of

Whet test confirmed diagnosis? Widal Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Lichtenberger M. D.

(Address) Pocomoke Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED SEP 6 1933

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-d)

# CERTIFICATE OF DEATH

08347

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

**1. PLACE OF DEATH:**

County Worcester

City or town Near Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Preston Fisher

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | negro | single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1914

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 25 | 2 | 29 | hrs. min. |

9. Birthplace Snow Hill, Maryland

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name John Fisher

13. Birthplace Snow Hill. Md

MOTHER

14. Maiden name Sarah A. Collier

15. Birthplace Snow Hill. Md

16. Informant Joseph Fisher

Address Snow Hill. Md

17. Burial Date thereof Aug. 22-39

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woolsprings

Location Girdletree Md

18. Funeral director Hearne & Fleming

Address Snow Hill Md

19. 8/24 19 39 LeRoy Smith

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

| | DURATION |
|---|---|
| Immediate cause of death Drowning | Aug 20 |
| accidental | |
| Boat turning over in | |
| Due to Pocomoke River | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE John L. Riley M.D.

M. D. or other

Address Snow Hill Md Date signed Aug 21 '39

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# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94E) Reg. Dist. No. 355

## CERTIFICATE OF DEATH

08348

**1. PLACE OF DEATH:**
(a) County Worcester.
(b) City or town Berlin. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 65

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Worcester
(c) City or town Berlin. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John W. Franklin.

3 (b) If veteran, name war —

3 (c) Social Security No. 218-03-040

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nora Franklin

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 18, 1874

8. AGE: Years 65 | Months 0 | Days 28 | If less than one day ____hr. ____min.

9. Birthplace Maryland. (Town, county and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Sidney Franklin.
13. Birthplace Md.

MOTHER
14. Maiden Name Zipporah Franklin
15. Birthplace Md.

16 (a) Informant Nora Franklin
(b) Address Berlin, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23 1939 (month) (day) (year)
(c) Cemetery or crematory St. Paul's (Cvl)
Location Berlin, Md.

18 (a) Funeral director J. W. Burbage
(b) Address Berlin, Md

19 (a) 8-29-39 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

### MEDICAL CERTIFICATION

20. Date of death Aug 22 1939, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Aug 22 1939, and that I last saw him alive on Aug 20 1939.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | |
| Due to | |
| Due to | |
| Other conditions | |
| Acute Alcoholism (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford E. Dalott M.D. (M. D. or other)
Address Berlin Md Date signed Aug 22

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 3J2

(95E)

08349

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Worcester.

(b) City or town Ocean City.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Geo. Washington Hotel.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 weeks

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto.

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3206 Harford Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma F. Happ.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife John Happ.

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1857.

8. AGE: Years 81 Months 11 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name unk.
13. Birthplace Germany.

MOTHER
14. Maiden Name unk.
15. Birthplace Germany.

16 (a) Informant Mr. John Ullrich
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9, 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount.
Location Baltimore, Md.

18 (a) Funeral director J. W. Burbage.
(b) Address Berlin, Md.

19 (a) 8/6th/39 (Date rec'd by registrar) (b) J. E. Mumford Registrar

### MEDICAL CERTIFICATION

20. Date of death Aug 6 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939, to Aug 6 1939, and that I last saw him alive on Aug 6 1939

Immediate cause of death Heart attack died asleep — Duration 11 minutes

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature F. J. Toodoud M.D. M. D. or other

Address Ocean City Md. Date signed Aug 6/39

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 355

08350

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 8 Yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Worcester
(c) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(d) Street No. –
(If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) **FULL NAME** Julia A. Holloway

3 (b) If veteran, name war –

3 (c) Social Security No. –

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: E. Martin Holloway

6. (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.): Mar. 28, 1862

8. AGE: Years 77 | Months 5 | Days 10 | If less than one day: ____hr. ____min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business –

FATHER
12. Name: James Johnson
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary McGee
15. Birthplace: Md.

16 (a) Informant: Maryland Barnett
(b) Address: Berlin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1939 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location: Berlin Md.

18 (a) Funeral director: J. M. Burton
(b) Address: Berlin Md

19 (a) 8-13-39 (Date rec'd by registrar) (b) Helen F. Hayward (Registrar)

## MEDICAL CERTIFICATION

20. Date of death Aug 10 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

Immediate cause of death: Chr. Nephritis — Duration:

Due to: ____

Due to: ____

Other conditions: Arthritis Chr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature Chas. R. Law
M. D. or other
Address Berlin Md Date signed 8-12-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU OF S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08351

**1. PLACE OF DEATH** (97)

County Worcester Registration Dist. No. 353

Village or City Bishop No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Walter J Hudson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Hudson

6. DATE OF BIRTH (month, day, and year): June 3, 1864

7. AGE: Years 75 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Samuel Hudson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Hettie Daisey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Walter Hudson

(Address) Bishops Md R. D.

18. BURIAL, CREMATION, OR REMOVAL

Place Bishopville Md Date Aug 13, 1939

19. UNDERTAKER: Margarette H. Watson

(Address) Pocomoke City, Md.

20. FILED Aug 12, 1939 Mrs Roy Bergey Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Aug (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939, to Aug 10, 1939

I last saw him alive on Aug 10th, 1939; death is said to have occurred on the date stated above at 11a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G E James M. D.

(Address) Selbyville

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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SEP 2 1928
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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08352

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

## CERTIFICATE OF DEATH

Reg. Dist. No. 354

**1. PLACE OF DEATH:**

County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 11 yrs.6 mo.21 da

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME**

Rachel Marshall

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | Colored | Single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1928

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 11 | 6 | 21 | hrs. min. |

9. Birthplace: Stockton-Worcester-Maryland (Town, county, and state)

10. Usual occupation: None (School girl)

11. Industry or business

FATHER
12. Name: James Marshall
13. Birthplace: Stockton, Maryland

MOTHER
14. Maiden name: Nancy Horsey
15. Birthplace: Accomac County, Va.

16. Informant: James Marshall

Address: Stockton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 2 39 (month) (day) (year)

Cemetery or crematory: Forman Cemetery

Location: Stockton, Maryland

18. Funeral director: Irving Bennett

Address: Stockton, Md.

19. Sept 2 1939 (Date rec'd by registrar) Mary M. Taylor Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1939, at 630 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 30 1939, to Aug 31 1939, and that I last saw her alive on Aug 30 1939.

Immediate cause of death: Diabetic Coma ?

Due to ✓

Due to ✓

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: [illegible] Date signed 9-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95E) CB Reg. Dist. No. 35E

08353

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Worcester.

(b) City or town Ocean City. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1 day

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Va. (b) County

(c) City or town Richmond. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2303 Lamb. Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME Annie Ruth Meek.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles E. Meek.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1878

8. AGE: Years 61 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Wm M. Saunders.

13. Birthplace Virginia.

MOTHER 14. Maiden Name Unknown.

15. Birthplace

16 (a) Informant Mr. Charles Meek.

(b) Address Richmond Va.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1939. (month) (day) (year)

(c) Cemetery or crematory

Location Richmond, Va

18 (a) Funeral director J. W. Burbage

(b) Address Berlin, Md.

19 (a) 8/6/39 (Date rec'd by registrar) (b) J. S. Mumford Registrar

**MEDICAL CERTIFICATION**

20. Date of death Aug 4 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1939, to Aug 4 1939, and that I last saw him alive on Aug 4 1939.

Immediate cause of death Pulmonary Embolism

Due to Organic Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 1/2 hour

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. J. Townsend M. D. or other

Address Ocean City Md Date signed Aug 4/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 353 ~~352~~

08354

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Worcester

(b) City or town Ocean city md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 2

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State England (b) County England

(c) City or town Hereford
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Oswell

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elsie Oswell

6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1859

8. AGE: Years 80 Months 6 Days 23 If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Office

11. Industry or business Carnegie Steel Co

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Estes E. Parsons
(b) Address Wilkinsburg Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1939 (month) (day) (year)

(c) Cemetery or crematory North Braddock

Location North Braddock Pa.

18 (a) Funeral director J. W. Burbage

(b) Address Berlin md.

19 (a) 8/5/1939 (Date rec'd by registrar) (b) S. S. Mumford Registrar

**MEDICAL CERTIFICATION**

20. Date of death Aug 5th 1939, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 39, to Aug 5 1939, and that I last saw him alive on Aug 5 1939

Immediate cause of death Acute Acidosis — Duration 4 weeks

Due to Senile Dementia

Due to Atrio-Sclerosis

Acidosis

Other conditions not due to diabetes, but to refusal to take nourishment. Duration: four weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. J. Townsend M. D. or other

Address Ocean City Md. Date signed Aug 5/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08355

**1. PLACE OF DEATH**

County Worcester Registration Dist. No. 351

Village or City Snow Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Sarah Richards If U. S. Veteran, specify WAR no

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Richards

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: about 63 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): Dec 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Collins
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Jane Martin
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Thomas Richards, 1014 Bennett St Wilmington Del

18. BURIAL, CREMATION, OR REMOVAL Place: Baptist Cem. Date: Aug 24, 1939

19. UNDERTAKER (Address): Hearne & Dennis, Snow Hill Md.

20. FILED 8/24, 1939 LeRoy Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** August (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY that I attended deceased from Jan 17, 1939, to Aug 21, 1939

I last saw her alive on Aug 11, 1939; death is said to have occurred on the date stated above, at 3:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic Carcinoma | Jan 1939 |

Other Contributory Causes of importance: Cholecystitis Jan 1939

Name of operation Date of

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. H. Sewell M. D.

(Address) Salisbury Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08356

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

## CERTIFICATE OF DEATH

Reg. Dist. No. 3 V 5

**1. PLACE OF DEATH:**
County Worcester
City or town Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1642 E. 32nd St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Charles Stortz Jr.

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | single |

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1912

**8. AGE:** Years 27 Months 11 Days 28 If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Gas & Elec Co
FATHER 12. Name Charles Stortz Jr.
13. Birthplace Baltimore
MOTHER 14. Maiden name Elizabeth Flowers
15. Birthplace Baltimore
16. Informant
Address Balto. md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8. 1939 (month) (day) (year)
Cemetery or crematory Balto. md.
Location Balto. md.
18. Funeral director J. W. Burbage
Address Berlin md.
19. 8/4 1939 (Date rec'd by registrar) I. S. Mumford Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1939, at 5.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Strangulation caused by hanging — Suicide
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION Unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Aug 4 39
Where did injury occur? Ocean City (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?) Monticello Hotel
Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. M. D. or other
Address Show Hill Md Date signed Aug 4 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 17 1939
BUREAU V. S.

08357

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82[illegible]

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

**1. PLACE OF DEATH:**

County: Worcester

City or town: Ocean City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Balto. ave. & 6th street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Del County: Sussex

City or town: R.F.D. Delmar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

**3. (a) FULL NAME:** Jennie Thomas

**3. (b) Social Security Number**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur George Thomas

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Dec. 19, 1881

8. AGE: Years 57 Months 8 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace: Millville N.J. Cumberland County
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Jessie Moore
13. Birthplace: Cumberland County N.J.

MOTHER
14. Maiden name: Eliza Runnion
15. Birthplace: Buck's County Pa.

16. Informant: Arthur George Thomas
Address: R.F.D. #1 Delmar Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 16, 1939 (month) (day) (year)

Cemetery or crematory: Fine Church Cem.

Location: Near Whiteville Del.

18. Funeral director: Holloway & Co.

Address: Mr. S. Preston Holloway Salisbury Md.

19. 8-13-1939 (Date rec'd by registrar) I. L. Mumford Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 12th 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Aug 12 1939, and that I last saw her alive on Aug 12 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: ½ hour

Due to: Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Francis J. Townsend M.D.
M. D. or other

Address: Ocean City Md. Date signed: Aug 13/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (120) Reg. Dist. No. 355

08358

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., ~~mos., or days~~) 3

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Worcester
(c) City or town Berlin md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Berlin md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Vincent V. Wilkins

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 2. 1935

8. AGE: Years 4 | Months 0 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation —
11. Industry or business —

FATHER 12. Name Roland J. Wilkins
13. Birthplace md.

MOTHER 14. Maiden Name Edith Jones
15. Birthplace md.

16 (a) Informant Roland J. Wilkins
(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1939 (month) (day) (year)
(c) Cemetery or crematory Whaley Ville md.
Location Whaley Ville md.

18 (a) Funeral director J. W. Burbage
(b) Address Berlin md

19 (a) 8-11-39 (Date rec'd by registrar) (b) Helen L. Hayward Registrar

### MEDICAL CERTIFICATION

20. Date of death Aug 9 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

| Immediate cause of death | Duration |
|---|---|
| Acute Colitis | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Law
M. D. or other
Address Berlin Md Date signed 8-10-39

RECEIVED
SEP 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a) Reg. Dist. No. 351

## CERTIFICATE OF DEATH

08359

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
(a) County Warwick
(b) City or town Newark md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Worcester
(c) City or town Newark md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George H. Whitman

3 (b) If veteran, name war —

3 (c) Social Security No. 214125170

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian M Whitman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1883

8. AGE: Years 55 | Months 1 | Days 15 | If less than one day ____hr. ____min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name John Whitman
13. Birthplace Md.

MOTHER
14. Maiden Name Georgia Parkinson
15. Birthplace Md.

16 (a) Informant Mrs. Geo. H. Whitman
(b) Address Newark md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1939 (month) (day) (year)
(c) Cemetery or crematory Newark md.
Location Newark md.

18 (a) Funeral director J. M. Buckingham
(b) Address Berlin md.

19 (a) 8/9/39 (Date rec'd by registrar) (b) LeRoy Smith Registrar

### MEDICAL CERTIFICATION

20. Date of death Aug. 7 1939, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1939 to Aug 7 1939, and that I last saw him alive on Aug 7 1939

Immediate cause of death Angina Pectoris — Duration 4 hrs

Due to —

Due to —

Other conditions Chronic Endocarditis
(Include pregnancy within 3 months of death)

Major findings: —

Of operations None

Of autopsy None

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford E. Talbott M.D.
M. D. or other
Address Newark Date signed Aug 8, 39

RECEIVED
SEP 4 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

213-d

08360

## CERTIFICATE OF DEATH

Reg. Dist. No. 351

**1. PLACE OF DEATH:**
County Worcester
City or town Near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Howard Wylie

**3. (b) Social Security Number** Unknown

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | Negro | Single |

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| about 65 | | | hrs. min. |

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Could find no relatives to

11. Industry or business Could not get further information

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden name Unknown
15. Birthplace "

16. Informant James Bowen
Address Snow Hill Md

17. Burial Date thereof Aug. 21-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Burial ground on farm
Location Near Snow Hill

18. Funeral director Hearne & Dennis
Address Snow Hill, Md

19. 8/21/ 19 39 LeRoy Smith, Registrar
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1939, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| (a) Drowning accidental | |
| Due to Boat turned over in Pocomoke River | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None done

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D.
M. D. or other
Address Snow Hill Md Date signed Aug 20 '39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1939
BUREAU V. S.